



## Colorado Benefits Management System



### Accident Liability Window Associated with the 04/14/07 Application Build

|                        |   |             |
|------------------------|---|-------------|
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| <b>Description</b>     | <p>The Accident Liability window in CBMS has been significantly enhanced to allow the Department of Health Care Policy and Financing (Department) to collect more complete information with regard to accidents that Medicaid clients may have been involved in. Since Medicaid is the payer of last resort, this information will allow the Department to more actively pursue reimbursement from third-party insurance in cases where a Medicaid client has been injured in an accident. This document defines the changes that have been made to CBMS and the steps that need to be taken to properly enter the accident information for existing clients or new applicants.</p> |             |
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## 1.0 Collect Case Question Window

Case  
Number: [REDACTED] Name: [REDACTED] Programs [REDACTED]  
Status: Open Status Date: 02/23/2007 Pending Alerts: 6 WP [Y/N]: N

**Non-Financial** | Resource | Income | Expenses

Does anybody in the Case have  
 Absent/Deceased Parent  
 Other Health Care Coverage  
 Disability

Is anybody in the Case  
 Pregnant  
 Attending School  
 Veteran or Dependent of a Veteran  
 Homeless  
 Employed

Is anybody in the case on Strike or Voluntarily Quit  
 **Has anybody Been Involved in an Accident**  
 Is anybody hiding or running from the law for a Felony, Attempted Felony, Drug Felony, Parole or Probation Violation  
 Need Help with Insurance Premiums

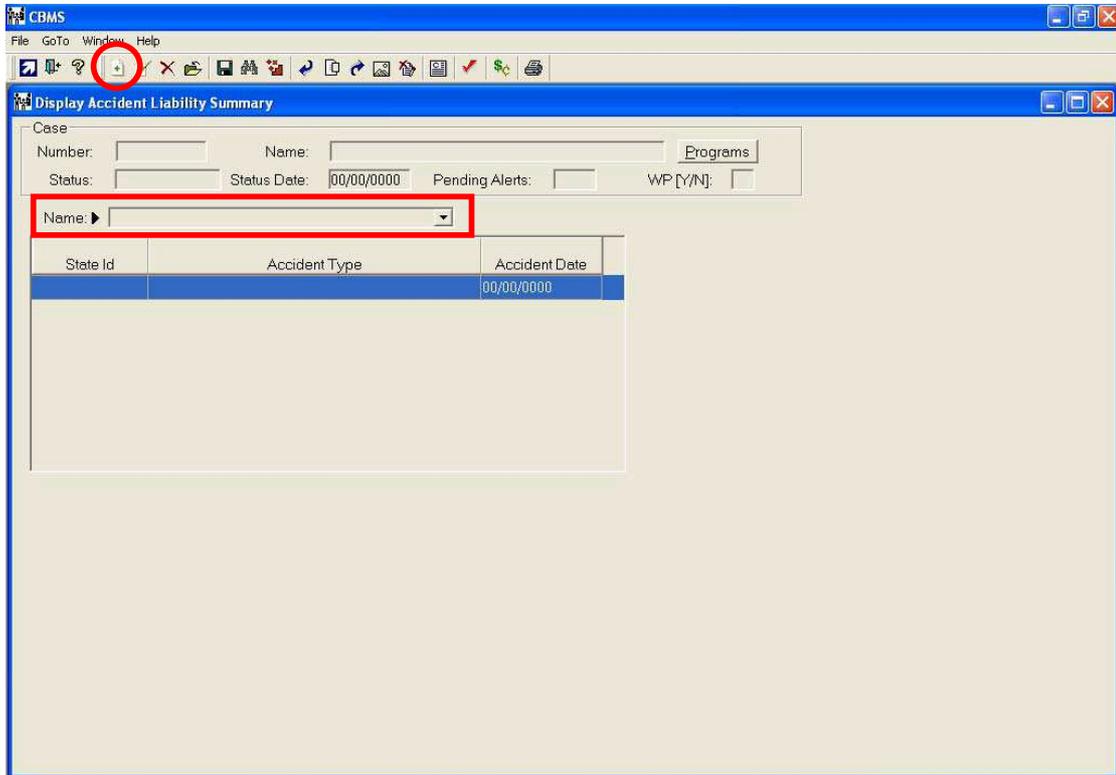
Does anybody in the Case have  
 Authorized Representative  
 Sanctions  
 Non-Citizen Sponsor

Is anybody in the Case under  
 Home and Community Based Services  
 Long Term Care  
 Board and Care  
 Hardship

### Window Information

On the Collect Case Question window, the user should check the **Has anybody Been Involved in an Accident** check box whenever a Medicaid client is involved in any sort of accident. Once checked, the Display Accident Liability Summary window will be added to the queue.

## 2.0 Display Accident Liability Summary



### Window Information

The Summary window will display the **State ID**, **Accident Type**, and **Accident Date** for the selected client on the case. To add a new accident record, select the client's name from the **Name** drop-down, and then click on the **Add** icon on the toolbar to add a new record. One client could have more than one accident record, but these would identify separate events that took place.

### 3.0 Collect Accident Liability Detail Window –Accident Details Tab

The screenshot shows a software window titled "Collect Accident Liability Detail" with a blue title bar and standard Windows window controls. The window has a tabbed interface with four tabs: "Accident Details" (selected), "Other Liable Parties", "Insurance Claim Details", and "Attorney Details". The "Accident Details" tab contains the following fields:

- Effective Begin Date: [00/00/0000] (dropdown)
- Effective End Date: [00/00/0000] (dropdown)
- Type: [ ] (dropdown)
- Accident Date: [00/00/0000] (dropdown)
- Person Reporting Accident: [ ] (text input)
- Brief Desc. of Accident: [ ] (text area)
- Does the injured plan to take legal action [Y/N]:  (checkbox)
- Verification: [ ] (dropdown)
- Source: [ ] (dropdown)

| Field Information                                |          |  |
|--|----------|--|
| Field Name                                       | Required | Description  |
| Effective Begin Date                             | ▶        | Required. Refer to the <i>Navigating Effective Begin Dates and Effective End Dates in CBMS</i> document listed in the <i>CBMS Document Index</i> on the CDHS Portal. |
| Effective End Date                               |          | Refer to the <i>Navigating Effective Begin Dates and Effective End Dates in CBMS</i> document listed in the <i>CBMS Document Index</i> on the CDHS Portal.           |
| Type   |          | Select the appropriate Type of Accident.   |
| Accident Date                                    | ▶        | Required. Date of the accident being described.  |
| Person Reporting Accident                        |          | Informational.   |
| Brief Desc. of Accident                          |          | Informational.   |
| Does the injured plan to take legal action [Y/N] |          | Informational.   |
| Verification                                     | ▶        | Required. Select the appropriate Verification for the information.   |

| <b>Field Information</b> |                 |  |
|--------------------------|-----------------|--|
| <b>Field Name</b>        | <b>Required</b> | <b>Description</b>                                 |
| <b>Source</b>            |                 | Select the appropriate Source for the information. |

## 4.0 Collect Accident Liability Detail Window – Other Liabile Parties Tab

The screenshot shows the 'Collect Accident Liability Detail' window with the 'Other Liabile Parties' tab selected. The window contains a table with the following columns: Effective Begin Date, Effective End Date, and At Fault Party. Below the table, there are two dropdown menus for Effective Begin Date and Effective End Date, both set to '00/00/0000'. The 'At Fault Person' section includes several input fields: Last Name, First Name, Middle Name, Suffix, Telephone # (with area code and extension), Address, Verification, and Source.

| Field Information      |          |   |
|------------------------|----------|---|
| Field Name             | Required | Description   |
| Effective Begin Date   | ▶        | Required. Refer to the <i>Navigating Effective Begin Dates and Effective End Dates in CBMS</i> document listed in the <i>CBMS Document Index</i> on the CDHS Portal.                                      |
| Effective End Date     |          | Refer to the <i>Navigating Effective Begin Dates and Effective End Dates in CBMS</i> document listed in the <i>CBMS Document Index</i> on the CDHS Portal.  |
| <b>At Fault Person</b> |          |   |
| Last Name              | ▶        | Required. Last Name of Liabile Party. If not known, use <b>Unknown</b> . If the Liabile Party is a company, enter the company name in the <b>Last Name</b> field, and N/A in the <b>First Name</b> field. |
| First Name             | ▶        | Required. First Name of Liabile Party. If not known, use <b>Unknown</b> .   |
| Middle Name            |          | Informational.  |
| Suffix                 |          | Informational.  |

| <b>Field Information</b> |                 |  |
|--------------------------|-----------------|--|
| <b>Field Name</b>        | <b>Required</b> | <b>Description</b>   |
| <b>Telephone #</b>       |                 | Informational.   |
| <b>Ext</b>               |                 | Informational.   |
| <b>Address</b>           |                 | Select <b>Address</b> button to complete address of Liable Party   |
| <b>Verification</b>      | ▶               | Required. Select the appropriate Verification for the information. |
| <b>Source</b>            |                 | Select the appropriate Source for the information.                 |

**NOTE:** There can be multiple Liable Parties for each accident record.

## 5.0 Collect Accident Liability Detail Window – Insurance Claim Details Tab

The screenshot shows the 'Collect Accident Liability Detail' window with the 'Insurance Claim Details' tab selected. The window contains a table with the following data:

| Effective Begin Date | Effective End Date | Insurance Company Name | Claim Number |
|----------------------|--------------------|------------------------|--------------|
| 00/00/0000           | 00/00/0000         |                        |              |

Below the table, there are several input fields and dropdown menus:

- Effective Begin Date: 00/00/0000
- Effective End Date: 00/00/0000
- Verification: [Dropdown]
- Claim #: [Text]
- Source: [Dropdown]
- Insurance Company Information:
  - Name: [Text]
  - Policy #: [Text]
  - Settlement Date (State-entry only): 00/00/0000 (highlighted in red)
  - Address: [Text]
- Contact Information:
  - Last Name: [Text]
  - First Name: [Text]
  - Middle Name: [Text]
  - Suffix: [Text]
  - Phone #: ( ) - [Text]
- Employer Information:
  - Name: [Text]
  - Workers' Comp Case #: [Text]
  - Address: [Text]
  - Phone #: [Text]
  - Ext: [Text]

| Field Information             |          |  |
|-------------------------------|----------|--|
| Field Name                    | Required | Description  |
| Effective Begin Date          | ▶        | Required. Refer to the <i>Navigating Effective Begin Dates and Effective End Dates in CBMS</i> document listed in the <i>CBMS Document Index</i> on the CDHS Portal. |
| Effective End Date            |          | Refer to the <i>Navigating Effective Begin Dates and Effective End Dates in CBMS</i> document listed in the <i>CBMS Document Index</i> on the CDHS Portal.           |
| Claim #                       |          | Informational.   |
| Verification                  | ▶        | Required. Select the appropriate Verification for the information.   |
| Source                        |          | Select the appropriate Source for the information.   |
| Insurance Company Information |          |  |
| Name                          | ▶        | Required. Name of insurance company.   |
| Policy #                      |          | Informational.   |

| Field Information                             |          |  |
|---|----------|--|
| Field Name                                    | Required | Description  |
| <b>Settlement Date<br/>(State-entry only)</b> |          | <p><b><u>Only State personnel will utilize this field.</u></b><br/>An alert for the user will be generated when this field is completed. It will read <i>Client has received possible settlement recovery, contact client concerning resources.</i></p> <p>In addition, a <i>Speed Letter</i> will also be sent to the client. It will notify the client as follows:<br/><i>Our records indicate that you may have received funds from a personal injury accident/incident settlement. If you have received a settlement, please contact your county worker.</i></p> |
| <b>Address</b>                                |          | Select <b>Address</b> button to complete address of Insurance company.   |
| <b>Contact Information</b>                    |          |  |
| <b>Last Name</b>                              |          | Informational. Name of insurance company contact.  |
| <b>First Name</b>                             |          | Informational.   |
| <b>Middle Name</b>                            |          | Informational.   |
| <b>Phone #</b>                                |          | Informational.   |
| <b>Employer Information</b>                   |          |  |
| <b>Name</b>                                   |          | Informational. Drop-down will consist of all employers for all clients as entered in Employment History. Select the appropriate Employer, if applicable.   |
| <b>Workers' Comp. Case #</b>                  |          | Informational.   |
| <b>Address</b>                                |          | Will populate once <b>Employer Name</b> is selected.   |
| <b>Phone #</b>                                |          | Will populate once <b>Employer Name</b> is selected.   |
| <b>Ext</b>                                    |          | Will populate once <b>Employer Name</b> is selected.   |

**NOTE:** There can be multiple Insurance Claims for each accident record.

## 6.0 Collect Accident Liability Detail Window – Attorney Details Tab

Collect Accident Liability Detail

Accident Details | Other Liable Parties | Insurance Claim Details | **Attorney Details**

| Effective Begin Date | Effective End Date | Attorney Name | Firm Name |
|----------------------|--------------------|---------------|-----------|
|                      |                    |               |           |

Effective Begin Date: ▶ 00/00/0000      Effective End Date: 00/00/0000

Attorney Information

Last Name:       First Name:

Middle Name:       Suffix:

Firm Name:       Address:  [Address...](#)

Telephone #: ( ) -  Ext.

E-Mail:

| Field Information    |          |  |
|----------------------|----------|--|
| Field Name           | Required | Description  |
| Effective Begin Date | ▶        | Required. Refer to the <i>Navigating Effective Begin Dates and Effective End Dates in CBMS</i> document listed in the <i>CBMS Document Index</i> on the CDHS Portal. |
| Effective End Date   |          | Refer to the <i>Navigating Effective Begin Dates and Effective End Dates in CBMS</i> document listed in the <i>CBMS Document Index</i> on the CDHS Portal.           |
| Attorney Information |          |  |
| Last Name            |          | Informational. Last Name of attorney.  |
| First Name           |          | Informational. First Name of attorney.   |
| Middle Name          |          | Informational.   |
| Suffix               |          | Informational.   |
| Firm Name            |          | Informational. Name of attorney's firm.  |
| Telephone #          |          | Informational.   |
| Ext                  |          | Informational.   |
| E-Mail               |          | Informational.   |

| Field Information |          |  |
|-------------------|----------|--|
| Field Name        | Required | Description  |
| Address           |          | Select <b>Address</b> button to complete address of attorney / firm. |

**NOTE:** There can be multiple Attorneys for each accident record.

State and Federal regulations allow the Department to pursue claims and seek reimbursement from third parties in such situations where a legal liability has been found to exist. The information collected on this window will assist the Department's Tort and Casualty section in fulfilling this obligation.

Existing data will be converted upon implementation of this window. Please note that entries and updates to this window will cause a case data change that will result in the case being picked up in batch EDBC and authorization.